

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

Kimberly Roquemore, Individually and as the)
Administratrix of the Estate of)
Maalik Roquemore, Deceased)

Plaintiff(s))
v.) Civil Action No. 1:24-cv-01434-DCN
Cuyahoga Metropolitan Housing Authority, et al.)

Defendant(s))

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) JOHN SMIDDY, Chief Ranger
c/o: Lorain County Metro Parks
12882 Diagonal Road
LaGrange, Ohio 44050

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: David B. Malik, Esq.

31320 Solon Road, Unit #19
Solon, Ohio 44139

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: 9/20/2024

s/M. Lebron

Signature of Clerk or Deputy Clerk



AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:24-cv-01434-DCN

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* John Smiddy, Field Training Officer Program Supervisor,
was received by me on *(date)* October 1, 2024 Cuyahoga Metropolitan Housing Authority Police Department

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or
 I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or
 I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or
 I returned the summons unexecuted because _____; or
 Other *(specify)*: Via U.S. Certified Mail Return Receipt Requested; see attached Domestic
Return Receipt

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 10/07/2024

/s/ David B. Malik

Server's signature

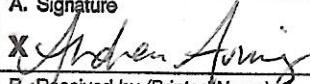
David B. Malik, Attorney

Printed name and title

31320 Solon Road, Unit 19, Solon, Ohio 44139

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <p>John Smidly, Chief Ranger c/o: Lorain County Metro Parks 12882 Diagonal Rd. LaGrange, OH 44050</p> <p>9590 9402 5725 9346 4589 07</p> <p></p>		B. Received by (Printed Name) <u>Andrea Arriaga</u> C. Date of Delivery <u>10/11/24</u>	
2. Article Number (Transfer from service label) <u>7019 2970 0001 4203 1321</u>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> i00			

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com .	
OFFICIAL USE	
Certified Mail Fee <u>\$11.00</u> \$ <u>11.00</u> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <u>10.00</u> <input type="checkbox"/> Return Receipt (electronic) \$ <u>10.00</u> <input type="checkbox"/> Certified Mail Restricted Delivery \$ <u>10.00</u> <input type="checkbox"/> Adult Signature Required \$ <u>10.00</u> <input type="checkbox"/> Adult Signature Restricted Delivery \$ <u>10.00</u>	
Postage <u>\$2.50</u> \$ <u>2.50</u> Total Postage and Fees <u>\$13.50</u> \$ <u>13.50</u>	
Sent To <u>John Smidly</u> Street and Unit, Box or PO Box No. <u>12882 Diagonal Rd.</u> City, State, Zip Code <u>LaGrange, OH 44050</u>	
<small>PS Form 3800, April 2015 PSN 7530-02-000-9047</small> <small>See Reverse for Instructions</small>	

